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JC960 U.S. PTO

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01-12-01

PTO/SB/50 (08-00)

AIRE

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>	Attorney Docket No.	CFP-790-1
	First Named Inventor	Han-Ching Huang
	Original Patent Number	5,890,856
	Original Patent Issue Date (Month/Day/Year)	04/06/1999
	Express Mail Label No.	EL 78337510 US 78357589 US

### APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
  
(If Yes, check applicable box(es))  
  
☐ Written Consent of all Assignees (PTO/SB/53)  
  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for surrender  
☒ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ Other: Check in the amount of \$355.00

### 14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or	<input checked="" type="checkbox"/> Correspondence address below
Name: Alan Kamrath RIDER BENNETT EGAN & ARUNDEL, LLP.			
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NAME (Print/Type)	Alan Kamrath	Registration No. (Attorney/Agent)	28,227
Signature	<i>Alan Kamrath</i>	Date	01/11/2001

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
CFP-790-1

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 5	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 16	**** 0	= X\$0=	0	or	X\$ _____
(C) 1		(D) 2	* 0				= X\$0=
Basic Fee (37 CFR 1.16(h))					\$355		\$ _____
Total Filing Fee					\$355	OR	\$ _____

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 16	MINUS	** 20	=0	X\$0=	0	or	X\$ _____
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 3	=0	X\$0=	0		X\$ _____
Total Additional Fee					\$0		OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1188.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 11, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Alan Kamrath, Attorney of Record

Typed or printed name

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